

NORWAY

NATIONAL ANTISMOKING PROGRAMMES IN NORWAY<sup>1</sup>

In 1964, prompted by Dr Luther Terry's famous report on smoking and health, the Norwegian Parliament discussed what could be done to combat this major health problem. They agreed on a rather traditional solution: to appoint a committee. As is well known, the mills of governments grind slowly, and Norway is no exception. However, today, a decade later, one can look back with some degree of satisfaction and look ahead with cautious optimism.

In 1967 the Government Committee proposed a programme for attacking the smoking and health problem. According to the Committee, the strategy should be based on a coordinated contribution of information activities, restrictive measures and cessation activities. The effect of the programme would be decreased if there were a lack of balance between these three components.

The Committee's report has been published in English ("Influencing Smoking Behaviour", UICC Technical Report Series - Volume 3. International Union Against Cancer, Geneva, 1969).

In 1970 the Storting endorsed the main points of the Committee's proposals.

THE NATIONAL COUNCIL ON SMOKING AND HEALTH

In 1971 the Norwegian Government appointed a National Council on Smoking and Health, to prepare, coordinate and supervise specific programmes for the control and prevention of cigarette smoking.

Terms of reference

The terms of reference of the Council are as follows:

The National Council on Smoking and Health shall prepare, propose, coordinate and supervise governmental measures against the harmful effects of tobacco.

To this end the Council shall in particular:

- (a) obtain the latest information on research connected with smoking and health, and on the possibilities of influencing smoking habits in a beneficial direction healthwise;
- (b) serve as an information bank for the various Government departments, the health services, the school services and the general public in regard to the connexion between smoking and diseases;
- (c) develop and organize information activities;
- (d) take the initiative in research, including the evaluation of the effect of antismoking activities already in operation;
- (e) take part in the supervision of antismoking clinics, if any;
- (f) serve as consultant to the Ministry of Social Affairs on the implementation of statutes and regulations against smoking.

The National Council on Smoking and Health is under the administration of the Ministry of Social Affairs. Reports involving questions of principle must be sent through this Ministry.

<sup>1</sup> Paper presented to the WHO Expert Committee on Smoking and its Effects on Health, WHO Geneva, 9-14 December 1974, by Dr Berit Ås, Institute of Psychology, University of Oslo, Oslo, Norway.

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#### Co-operation with other institutions

The Council works in close co-operation with other government agencies, for example the Directorate of Public Health, the Ministry of Church and Education, the Central Information Service, the National Film Board and the Norwegian Broadcasting Corporation. Some of these institutions are represented in the Council.

The Council also co-operates with voluntary organizations, such as the Norwegian Cancer Society, the Norwegian Association on Smoking and Health, the Norwegian Temperance Society, and others.

#### INFORMATION ACTIVITIES

During 1972 and 1973 the Council started to organize information activities. Further programmes are being planned and are expected to be carried through in 1974 and 1975.

The educational work has been based upon the principles outlined in the report "Influencing Smoking Behaviour" (see above). In order to obtain the greatest benefit from the meagre resources available, the Council has so far concentrated its educational work on selected target groups:

- (1) opinion leaders, such as health personnel and teachers;
- (2) groups reached through educational institutions, e.g. students and schoolchildren;
- (3) people who may be presumed to have strong motives for stopping smoking, in particular patients with diseases related to smoking.

It is emphasized that information should not be formulated as a specific programme for children and young people. It is important to break down the correlation between smoking and age status; therefore, the message should be given as general advice to everybody to stop smoking.

#### Organization of network of field workers

The Council is in the process of establishing a network of field workers throughout the country, who can carry out information and educational work and organize anti-smoking campaigns in their own communities.

These field workers are a selected group, mainly public health nurses and teachers, who are given special training covering both health aspects and information techniques. The Council covers the expenses of these courses.

In connexion with the courses, the field workers are furnished with slide-series, outlines of lectures to various target groups and other educational material. Later the field workers are kept up to date on news in the smoking and health field. The Secretariat acts as a liaison, and puts schools, youth clubs etc. in contact with the local field worker.

The first courses for field workers were arranged in August and November of 1974. Two courses are planned for 1975.

#### Slide-series

The Council has already bought 200 sets of the slide-series "A Physician Talks about Smoking" (United States Public Health Service). The series has been supplemented with some Norwegian figures, and with a Norwegian translation of the booklet accompanying the series. The slides have been distributed to schools for medical students, nurses, public health nurses, teachers - and to doctors with a special interest in smoking and health programmes.

A slide-series for junior high school students has been produced and, subsidized by the Council, is sold to the schools.

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Another slide-series is being produced with alternative texts for different target groups, like parents, youth, women organizations etc.

#### Pamphlets

The following pamphlets have already been produced, and are distributed free of charge:

Smoking and health, 16 pages. This is a short text book covering the most important aspects of smoking and health. It has mainly been distributed to schools. The Council has produced slides of the figures in this pamphlet, and it is distributing the pamphlets together with the slide-series to schools throughout the country. As of mid-1974 125 000 pamphlets have been distributed (Norway has a population of about four million).

Pamphlets for patients. A series of pamphlets for patients with various smoking-related diseases have been produced. The pamphlets have been distributed to doctors all over the country, at their request. As of mid-1974 400 000 pamphlets have been distributed.

Campaign pamphlets. A pamphlet ("Hurra.") for use in specific campaigns has been produced, and will be sent to all households in limited geographic areas.

Pamphlets for special opinion leaders. The Council intends to produce special pamphlets for medical practitioners and for teachers. These pamphlets will be distributed to all personnel within the medical and teaching professions, probably early in 1975. In the pamphlets the role of these opinion leaders will be discussed.

#### Posters

In 1972-1973 American posters were distributed monthly to all senior high schools. The Council has just produced seven different posters, which during 1974-1975 are being distributed for display in schools, public offices, health units, trains etc.

#### School programmes

A reference book on methods and materials for school programmes on smoking and health is now being prepared. The package will also include suggestions for programme evaluation and investigations of students' smoking habits.

Also under production are puppet show programmes for younger age-groups.

#### Industrial health programme

A questionnaire on smoking habits of employees has been produced and distributed to all doctors working within this branch of medicine. This project has been carried out in co-operation with the Council for Industrial Health Officers.

#### Press contacts

The Council has started a regular distribution of news and articles to the press, radio and television, with positive response from the mass media.

#### RESTRICTIVE MEASURES

In 1973, an "Act on Restrictive Measures for the Marketing of Tobacco Products" was approved by the Norwegian Storting.

This Act includes the following provisions:

- (1) Total ban of all advertising of tobacco products. Tobacco products must not be included in the advertising of other goods or services.
- (2) Obligation to label all packets of cigarettes, of smoking tobacco and of cigarette paper with a symbol and a text pointing out the health danger connected with cigarette smoking.

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(3) Prohibition to sell or hand over tobacco products to persons under 16 years of age.

(4) Permission of the Ministry of Health to issue provisions concerning the content, weight, filters, packaging etc. of tobacco products.

The Act will enter into force when provisions to implement the Act have been issued by the Ministry of Social Affairs. This is expected to be done during 1974.

The Council acts as consultant to the Ministry in matters connected with the Act. Professor Dr Juris. Anders Bratholm, member of the Council, was chairman of a committee which carried out the preparatory work for this Act. This committee's report has been published in English ("Recommendation concerning an Act on Restrictive Measures for the Marketing of Tobacco Products etc." The Royal Norwegian Ministry of Social Affairs, Oslo, 1971).

#### CESSATION ACTIVITIES

The Council has produced a booklet "Selvangivelse for røykere", which is based upon Daniel Horn's Smoker's Self Testing Kit. This booklet is used in the Finnmark project, a special coronary heart disease prevention programme in the County of Finnmark which is sponsored by the National Mass Radiography Service and the Finnmark County Health Service. The Council also co-operates with the Norwegian Temperance Society in their smoking clinics (the five-day plan) which are conducted in 20 communities of Finnmark.

#### EVALUATION

In co-operation with the Central Bureau of Statistics, interview surveys of representative samples of the Norwegian population will be carried out every third month. The questionnaire is designed so that smoking habits and quitting pattern may be monitored.

#### OTHER RESEARCH ACTIVITIES

In 1971 the Council sponsored study on the effects of a television/stop-smoking campaign (Haavard Asheim: "Effects of a Stop-Smoking TV Campaign in Norway", UICC Technical Report Series - Volume 11. International Union Against Cancer, Geneva, 1974).

In 1972 the Council presented a report on passive smoking to the Ministry of Social Affairs.

A survey of the smoking habits of doctors, and their attitudes to anti-smoking activities has been completed (95% response). The results will be ready for presentation in 1975.

Probably also in 1975, the results of another survey will be available. This deals with prohibition of smoking during meetings in Norwegian municipal councils. Many municipal councils have recently introduced prohibition of smoking during meetings.

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POLAND

1. Statistics

1.1 Figures on the annual per capita consumption of cigarettes in the total population have been obtained from two sources, i.e., from the National Tuberculosis Research Institute, Warsaw, and from the Institute of Internal Diseases, Silesian School of Medicine, Katowice.

Source I	1967	1970	1973
Number of cigarettes	1844	2078	2346

Source II	1967	1970	1973
Number of cigarettes	1956	2193	2303

1.2 Annual per capita consumption of cigarettes by children (male and female), aged 10-14

	<u>1967</u>	<u>1970</u>	<u>1973</u>
Number of cigarettes	753	759	745

In 1960, a study on a randomized sample of the population in Upper Silesia aged over 20 years revealed that 82.7% of males and 8.4% of females were smokers.

In 1973 it was estimated that 75% of males and 40% of females in the total population were smokers.

Studies and observations indicate an increase of smoking among youths and a decrease of smoking by men in the older age groups.

It is also observed that there is an increase in the consumption of cigarettes in general and of filter-tipped cigarettes in particular.

The tobacco industry in Poland is under Government supervision. Government bodies carry out analyses of the tar and nicotine content of tobacco products and the results are publicized.

2. Control of Smoking

Advertising of tobacco products is banned in Poland.

Information, education and legislation in connexion with smoking is carried out at various levels by officials and voluntary agencies.

Starting in 1975, a 5-year programme on information and education will be monitored in a representative sample of the population in an industrial area of the country.

The following information is taken from a paper entitled "Anti-smoking Movement in Poland" presented to the WHO Expert Committee on Smoking and its Effects on Health, Geneva, 9-14 December 1974, by Dr K. Gibinski, Director, Institute of Internal Medicine, Silesian School of Medicine, Katowice.

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The National Anti-Smoking League is a non-profit-making organization supported by the State. The League organizes lectures, publishes articles in newspapers, prepares and distributes pamphlets, posters and shows films, etc. It has been operating for several years.

In 1970, a Working Group on smoking-related health problems was set up in the Medical Section of the Polish Academy of Sciences. It is a small group of widely-recognized and highly-qualified scientists. Their task is to inform the Government and the public institutions at the highest level about the progress in research on the composition and properties of tobacco smoke, the danger of smoking to public health, and the world-wide movements against smoking. The Working Group maintains connexions with WHO and the US National Clearing House for Smoking and Health of the Public Health Service.

The Working Group started its activities by sending memoranda and letters on smoking and health to the Prime Minister and various other Ministers, to the mass media, public transport authorities, district authorities, etc. Several articles on the subject have since been published in Polish medical journals. Members of the Group have published a series of articles in newspapers and weekly periodicals. The hazards of smoking have also been the topic of several national congresses and symposia organized by medical societies.

As a result of these activities smoking has been entirely prohibited on domestic flights, in buses and in trams. New regulations on smoking were issued with regard to trains and railway stations. However, the prohibition of smoking in railway stations had to be cancelled one year later because of pressure from smokers.

Restaurants and cafeterias for non-smokers, or at least separate rooms for them, have begun to appear.

The principle underlying the above-mentioned actions can be found in the Polish Constitution which guarantees every citizen the right to protect his health. Accordingly, it has been postulated that non-smokers should be protected by law against smokers. It could be considered unlawful for non-smokers to be forced to inhale air polluted by smokers.

#### 4. Legislation

On 4 June 1974, an inter-departmental regulation was signed by the Minister of Health and Welfare and published in the Official Gazette.

Under Article 1, smoking is entirely prohibited in all buildings belonging to the Ministry of Health and to the Public Health Service during conferences and meetings, in dining rooms, luncheon rooms and cafeterias, halls and waiting rooms, in health and welfare centres, in pharmacies, in all hospital wards, doctors' offices and operating rooms, as well as during every contact between doctors and other medical personnel, and patients. In clubs and recreation centres, separate rooms should be provided for smokers and non-smokers.

Article 2 of the same regulation recommends all the other Ministries, Heads of State, Principal Offices and Presidents of the Country Districts, as well as those of bigger cities, to introduce similar restrictions in their offices, in schools, work places, canteens, rest houses, etc.

Article 3 orders managers and directors of industrial plants and workshops to take similar steps in agreement with Trade Unions and Workers' Committees.

Article 4 specifies in greater detail the places which should be subjected to the measures set out in Article 2: restaurants, cafeterias, messes, canteens, snack bars if they have more than one room, grocers' shops, suburban trains, restaurant cars, waiting rooms at railway and bus stations, clubs and community centres, theatres, classrooms, conference halls.

A special appeal is directed to teachers to abstain from smoking in the presence of their pupils, as well as to the directors of TV programmes to cut out scenes in which speakers or actors smoke. They are also requested to broadcast anti-smoking programmes.

This regulation has been in force since 1 July 1974.

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In consequence, the Minister of Education has in 1974 sent a circular to headmasters of secondary schools with more detailed indications on how the problem could be solved in schools. This provides for the complete prohibition of smoking in schools, except in specially designated smoking rooms; special emphasis is placed on the fact that teachers must not smoke in the presence of young people; smoking effects and hazards should be included in the teaching of biology.

Although the official regulations are not as yet strictly adhered to, they seem to be profitable and promising. Non-smokers are no longer limited only to putting up a notice "Thank you for not smoking" on their desks, and more and more rooms are now marked "Smoking prohibited". Generally speaking, people do not smoke in conference rooms, but leave for a cigarette if they feel the urge to smoke.

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# PORTUGAL

## Introduction

Although the Portuguese were among the first Europeans to bring tobacco to Europe, tobacco smoking in Portugal has not yet attained the levels of some other Western European and North American countries. The marked increase in most Western countries of tobacco consumption, largely of cigarettes after the first, and particularly after the second World War, began in Portugal later, and the increase has been more moderate than in other European countries.

Nevertheless tobacco production (mostly in the African overseas territories but also in the Azores Islands), imports, and consumption of tobacco, especially of cigarettes, has been increasing markedly since the 1940's and particularly since the 1960's (Table 1). The increase is mainly due to cigarette consumption.

## Production and consumption of tobacco

In the period 1950 to 1970, the total production of tobacco in Portugal, measured in metric tons, almost doubled (Table 2). Considering the different types of tobacco, this increase is mainly due to the production and consumption of cigarettes, which have both risen from year to year at a rate much higher than for other types of tobacco (Tables 2 and 3).

TABLE 1 - Portugal - Tobacco export, import and consumption

metric tons

Years	Exports			Imports			Consumption			
	Cigar and Cigarillo	Cigarette	(a) Sliced Tobacco	Cigar and Cigarillo	Cigarette	(a) Sliced Tobacco	Cigar and Cigarillo	Cigarette	(a) Sliced Tobacco	Snuff
1965	1	89	1	37	93	22	45	7488	596	29
1966	0	86	0	32	143	20	40	8046	574	17
1967	-	104	0	39	172	18	48	8304	514	17
1968	0	126	1	38	166	17	47	8860	470	18
1969	0	136	1	31	151	16	37	8704	466	18

TABLE 2 - Portugal - Tobacco production

Years	Cigars	Cigarillos	Cigarettes	Sliced tobacco (a)	Snuff
1943	53	-	2251	1921	29
1950	6	3	3573	1625	27
1955	4	5	4674	1068	21
1960	3	4	6287	720	21
1965	1	8	7484	575	29
1966	2	6	7984	554	17
1967	2	7	8237	496	17
1968	2	7	8827	454	18
1969	1	5	8689	454	18

(a) Including pipe tobacco and tobacco for hand-rolled cigarettes



However, the national output of cigarettes for the first time registered a slight decrease in 1969 (Table 2), which caused a very slight "recession" in total consumption (Tables 3 and 4).

Although separate figures for the different types of tobacco were usually not available in great detail before the 1950's, except for national output, it is clear that the general increase of tobacco use in Portugal is, in practice, due to cigarettes (Table 2). In fact, from 1943 to 1969, the number of cigarettes produced in the country almost quadrupled, while the quantity of sliced tobacco (including pipe tobacco and the more thinly sliced tobacco for hand-rolled cigarettes) consistently decreased. The same happened with cigars and snuff; and the quantity of cigarillos produced in Portugal, after a slight increase until 1965, has also decreased in the last few years (Table 2).

The yearly per capita consumption of tobacco calculated for the years 1965-1969, in cost (escudos) and weight (grams), is shown in Tables 3 and 4.

During the five-year period 1965-1969, total consumption of cigarettes for the whole population rose from 883 to 963 grams per head per year; but if the consumption is distributed more evenly over the population of 15 years of age and older, those figures rose from 1245 to 1314 grams per capita (Table 4).

TABLE 3 - Portugal - Tobacco consumption per capita (in Portuguese escudos)

Consumption per capita - total population					
Years	Cigars and Cigarillos	Cigarettes	(1) Sliced tobacco	Snuff	Total Consumption
1965	1.1	124.3	8.0	0.2	133.6
1966	1.1	126.0	7.6	0.1	143.9
1967	1.1	139.4	6.8	0.1	147.4
1968	1.1	149.7	6.2	0.1	157.0
1969	1.0	146.7	6.0	0.1	153.8
Consumption among the population 15 years of age and over					
1965	1.5	173.2	11.3	0.3	188.3
1966	1.6	190.0	10.8	0.2	202.5
1967	1.6	196.0	9.4	0.2	207.2
1968	1.5	210.3	8.6	0.2	220.5
1969	1.3	206.0	8.3	0.3	215.9

(1) Including pipe tobacco and tobacco for hand-rolled cigarettes

The annual per capita expenditure on tobacco, in thousands of escudos, rose during the same period from about 134 to 154 for the total population, and from 188 to 216 thousand escudos for the population aged 15 years and over (Table 3).

If such figures are broken down by the main types of tobacco used in the country, it can easily be seen that cigarettes constitute the great majority amounting to 90% or more of total consumption each year (Tables 3 and 4). While the consumption of cigarettes increased regularly from year to year, except from 1968 to 1969, there was a constant decrease in the consumption of cigars and cigarillos and of pipe tobacco - "sliced" tobacco (Table 4).

For the first time a slight decrease in tobacco consumption, including cigarette consumption, both in cost and weight, was observed from 1968 to 1969. In the absence of a general public health education campaign against tobacco smoking in Portugal this decrease is difficult to explain and is probably fortuitous. In the absence of other data, such as appropriate surveys among the population, a firm conclusion is impossible.

TABLE 4 - Portugal - Tobacco consumption per capita

metric grams

Consumption per capita - total population					
Years	Cigars and Cigarillos	Cigarettes	(a) Sliced tobacco	Snuff	Total consumption per capita
1965	4.9	810.9	65.3	2.3	883.4
1966	4.3	861.9	61.5	1.8	929.4
1967	5.1	882.0	54.6	1.8	943.5
1968	4.9	932.9	49.5	1.9	989.3
1969	3.9	908.3	48.6	1.9	962.7

  

Consumption among the population 15 years of age and over					
1965	6.8	1142.4	87.9	2.9	1240.0
1966	6.0	1213.0	86.6	2.6	1308.4
1967	7.2	1239.9	76.7	2.5	1326.4
1968	7.0	1310.5	69.5	2.7	1389.7
1969	5.4	1275.1	68.3	2.6	1351.4

(a) Including pipe tobacco and tobacco for hand-rolled cigarettes

#### Patterns of tobacco consumption

It is also impossible to give any reliable figures on tobacco consumption by sex and age groups. Only among university students have a few surveys been made, but the individuals polled are not even representative of the whole university student population. Although the figures available from these surveys are on the whole compatible with those giving the smoking patterns of most of the students of other western world countries, they are insufficient to give an idea of the smoking habits of the whole Portuguese population.

It can however be added with certainty that smoking is much more frequent among the urban population, which constituted (in 1971) about 40% (according to the actual Portuguese legal definition of urban areas, which gives an under-estimate of the population living in real urban conditions) of the whole Portuguese population, and among males. If the first characteristic is shared with all other countries of Western Europe, it is believed that in Portugal the percentage of smoking women is still one of the lowest among the countries of the region, although it is rising appreciably, especially among the higher social classes, students and professionally occupied women.

The figures of per capita consumption mentioned above should be reconsidered, bearing in mind that they were calculated for the whole population, irrespective of sex, area or social class, since there were no such selective data available.

#### State revenues from tobacco

From 1930 to 1969 the total amount received by the State through taxes on tobacco (on national tobacco manufacture, on custom duties and on consumer's taxes) rose from 140 million to about 1055 million of escudos, that is, from approximately 200 000 to more than 15 million pounds sterling.

The amount of taxes received by the State from tobacco production and use in proportion to total State revenues represented between 6% and almost 8% of all State revenues until 1960, but have been decreasing slowly since then. In 1969 taxes from tobacco still represented 4.3% of the total State revenues.

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#### Public health measures against tobacco smoking

Health education to alert the population about the health dangers of smoking and other anti-smoking measures taken in Portugal were very modest until 1971.

For years smoking has not been allowed in theatres, cinemas and other closed places for public entertainment. In 1968, smoking was forbidden in public transport inside urban areas, but an attempt by the Ministry of Health and Welfare to extend this measure to suburban and other public transport, with the establishment of compartments and coaches for non-smokers in trains, did not meet with success, mainly on account of difficulties which rose from some departments of the Ministry of Transport and Communications.

The general press and medical journals have published many articles on the results of epidemiological and other research on the subject, on the health dangers of smoking and on the measures taken by other countries against tobacco advertising.

Nevertheless, all the press, even some medical journals, consistently run advertisements on tobacco, and in this field the television network exceeds all forms of tobacco smoking publicity. Many of its advertisements are particularly regrettable, stressing the attractions of smoking, either its virility and power for men or its sophistication for women, etc.

The effects of the intermittent and very modest health education measures undertaken in this field have been practically negligible. The subject has been more widely discussed in medical, public health, nursing and other postgraduate courses; but the impact of these measures, even among medical and allied professions, appears small.

The lack of special studies on the subject does not permit any conclusions to be drawn on the real impact of the measures already taken. But the few surveys undertaken among medical university students have shown that even when they are aware of the dangers of tobacco smoking, most (about 80%) do not even try to reduce the quantity of smoking.

#### References

- 1) L. Cayolla da Motta: "Tobacco Consumption and its Health Implications in Portugal" An. Esc. Nac. Saude Publ. e de Med. Trop., Vol. 6, Nos. 1-4, 1972, Lisboa.
- 2) "O Tabaco e a Saude" (Tobacco and Health) brochure of the Ministry of Health, Health Education Service, 27 December 1973.

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SPAIN

1. Statistics

Preliminary data on recent annual sales figures of tobacco products: 50 000 000 000 pts  
(US\$893 000 000)

- Per capita consumption of cigarettes by adults in 1970: 2100.
- Smokers as percentage of total population: 38%.
- Percentage of women smoking: 10%.
- Percentage of young people (16-24 years) smoking: 24%.

2. Control of Smoking

There are no regulations or bans with respect to advertising tobacco products. The tobacco industry does not voluntarily restrict advertising. Smoking is prohibited in certain places, such as public transport, public buildings, and schools. No analyses of the tar and nicotine content of tobacco products are carried out. There are no systematic health education programmes to discourage smoking in Spain, or, to help individual smokers to stop smoking.

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SWEDEN

SMOKING TRENDS AND SMOKING CONTROL ACTION IN SWEDEN<sup>1</sup>

Tobacco consumption

The following table shows the development of cigarette consumption in Sweden.

Period	Average annual per capita consumption of cigarettes (15 years and older)
1920 - 1929	300
1930 - 1939	400
1940 - 1949	540
1950 - 1959	970
1960 - 1969	1360
1970	1610
1971	1550
1972	1590
1973	1560

From an investigation in the autumn of 1971 the percentage of cigarette smokers in different age groups was the following:

	15-19 %	20-29 %	30-39 %	40-49 %	50-60 %	61-67 %	Total %
Men	44	48	43	39	37	33	42
Women	43	49	38	33	23	12	35

There are more smokers among younger adults than among older ones. It has also been shown, that the younger adult smokers have a higher consumption level than the older ones. Therefore, if the young people maintain their smoking habits when growing older, there will be a substantial increase in future Swedish tobacco consumption, even if no single person increases his private consumption.

There are also differences between rural and urban population as well as between different socio-economic groups. The general picture is this: There is a much higher percentage of smokers in urban than in rural areas and the urban smokers have a higher average consumption level than the rural smokers. At the same time, the percentage of smokers in expanding "urban" professions was high while there are rather few smokers in professions (e.g. farmers and fishers) that represent a decreasing number of people. This pattern indicates that socio-economic factors will contribute to the continuing increase of tobacco consumption in Sweden.

In spite of all these influences towards an increased cigarette consumption there has been a slight decrease after 1969 as shown in the first table. This indicates that a substantial number of adults have quit smoking during these latest years. This trend is generally attributed to the smoking control action that is going on continuously in Sweden.

There have been special studies during the period 1971-1973 regarding smoking habits among school children. The following table shows the percentage of children that designate themselves as "smokers".

Year	Age 13		Age 16	
	Boys	Girls	Boys	Girls
1971	14	16	41	47
1972	10	12	35	47
1973	10	10	31	45

The latest years' trend among school children indicates that the intensified efforts to prevent young people from taking up the habit have had some effect. On the other hand it is too early to assess how stable these trends are.

<sup>1</sup>Paper presented to the WHO Expert Committee on Smoking and its Effects on Health, Geneva, 9-14 December 1974, by Dr Lars M. Ramström, Director-General, NTS, National Smoking and Health Association, Stockholm, Sweden

The Swedish consumption of cigars and of pipe tobacco is low (annual consumption per person 15 years and older being 0.10 kg resp. 0.25 kg) and decreasing or unchanged.

The Swedish consumption of snuff is high (0.40 kg annually per person 15 years and older) and there is an upward trend. Almost all snuff in Sweden is of the "wet" type being used by snuff-dipping.

#### Central management of on-going smoking control action

Since 1963 there have been governmental funds for information on smoking and health. These funds have been handled by the National Board of Health and Welfare and smoking and health has been one of the items for the health education work carried out by this authority's Committee of Health Education, CHE. The greater part of the smoking and health information funds has however been transferred to the National Smoking and Health Association, NTS, which is a private organization carrying out its work in close co-operation with the National Board of Health and Welfare. Thus, the existence of the NTS means that Sweden is one of the very few countries of the world where there is a special smoking and health agency with a staff of full time employees and thus able to take a specialized responsibility for all sorts of smoking and health questions.

Neither the NTS nor the relevant section of the CHE can itself perform all the smoking control action. Both these agencies, therefore, keep in contact with a number of governmental and non-governmental agencies co-ordinating, initiating and supporting activities on the national as well as on the regional and local levels.

#### Documentation and information

Documentation and information on smoking and health is carried out by the National Board of Health and Welfare, (the CHE), and the National Smoking and Health Association, NTS.

For the fiscal year 1974/75 the CHE disposes of a budget of 6.5 million Swedish crowns. About 13 percent of this budget, 850.000 Sw.Cr. are allocated to information on smoking and health. Of these funds 520.000 Sw.Cr. are used as the governmental financial support to the NTS and 330.000 Sw.Cr. are used for smoking and health activities carried out by the CHE itself.

An important vehicle for informational work is the special regional Health Education Committees that have been established in almost every region of Sweden (there are 24 regions in Sweden). The CHE is the national agency that has contacts with these regional committees, and they are intended to play a leading part in the regional health education work. Up until now many regional information conferences attended by school personnel, health personnel and social workers. In addition to the organizing of these conferences the CHE produces some information material. In 1974 a pilot project started trying to introduce smoking and health information in the maternal and child health centers and kindergartens.

The National Smoking and Health Association, NTS, carries out documentation on smoking and health and informational methods in order to provide a foundation for the informational work. At the same time the NTS initiates and tries to support research that could contribute to this work. These questions are handled by a special scientific committee established within the NTS. This scientific committee has organized scientific conferences and symposia.

The NTS is working in close co-operation with the National Board of Health and Welfare and many other authorities, institutions and organizations. NTS also keeps contact with foreign countries. The contacts with the other Nordic countries have been of special importance and in some cases an exchange of informational material has been possible. In 1972 NTS in co-operation with the CHE organized a conference on smoking and health education with participants from Denmark, Finland and Norway.

The production of NTS informational material includes pamphlets, posters, films, film strips, sound tapes and other items. Special efforts have been made to develop good teaching aids for different levels of the elementary school and for teacher training and the in-service training of teachers. The NTS also publishes an informative review, Tobaken och Vi (Tobacco and Us), that is issued four times a year and gives information about current research

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results and news from the whole world on what is going on in the smoking and health field: There are special information officers of the NTS that can come to schools, places of work and so on, and give information on smoking and health. Generally this informational work is mainly aimed at giving special motivation to pupils and others not to smoke. At so-called motivation lessons, which could be described as a sort of group discussion, the activity of the pupils themselves is the most important factor and the leader of the discussion just directs the discussion in such a way that the pupils may have the best opportunity to draw themselves such conclusions that motivate them not to smoke.

The NTS gives an informational service to the press, public and all those authorities and organizations that need special information services on smoking and health.

For the coming years the NTS intends if possible to expand its work to more target groups, especially key groups within the adult population. The NTS also wants to extend the evaluation work. Up until now only limited efforts have been made to measure the effect of different informational work that have been performed.

A number of organizations and national movements give information on smoking and health. Generally they use material from the NTS, the National Board of Health and Welfare, the Swedish Cancer Society and different insurance companies.

#### Schools

The instructional work of the school is guided by an officially prescribed curriculum. Here education on smoking and health is expressively mentioned and it is said that smoking and health education should be given in every stage of the school system within several of the subjects taught at school. The National Board of Education has published a separate supplement to the curriculum, dealing with teaching on alcohol, drugs and tobacco. Here detailed comments are given on how shape the teaching in this field. This supplement refers to the elementary school, but the National Board of Education also has published recommendation and comments on how to teach about alcohol, drugs and tobacco in the higher secondary school. Finally there are special officers connected to regional school authorities charged with special duties regarding school education on alcohol, drugs and tobacco. These officers are to gather information on the education problems in this special field, and disseminate it among teachers in the region.

#### Smoking cessation support

In Sweden there are smoking withdrawal clinics open to the public in Stockholm, Gothenburg and Lund. The results show that about a third of the patients at the clinics will succeed as stable non-smokers, and that some others of them will succeed in cutting down on their smoking. It is often reported that members of the family and friends of the patient stop smoking too.

No large proportion of the doctors of a country could ever be engaged in running formal smoking withdrawal clinics. On the other hand every doctor can include counselling on smoking cessation in his everyday work as a part of every contact with a smoker. This was pointed out in a letter sent from the National Board of Health and Welfare to all Swedish doctors in August 1974. The letter also pointed out that such a counselling was very much facilitated by handing over to the smoker a special folder that was worked out by Dr Gisela Gästrin, Helsinki, Finland, and had been edited and distributed in Sweden by the NTS. The folder gives special information on smoking cessation questions and advice on how cope with eventual symptoms. It also contains a "Cessation diary" that might have specific therapeutic value. Up until now more than 100.000 Swedish smokers have got this sort of support, but it has not yet been possible to do any evaluation of the results.

#### The market

The tobacco market situation in Sweden includes some special features. Up to 1961 all importing and manufacturing of tobacco goods was handled by a monopoly corporation, but since 1961 there is a free market. The former monopoly corporation is now a state-owned company, Swedish Tobacco Company Ltd., which is just one of many companies selling tobacco on the market, but this state-owned company dominates the market, of which it retains an 85% share.

Since 1965 there are agreements between the tobacco-selling companies restricting tobacco

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advertising in Sweden, and since 1971 there is in Sweden a special marketing act regulating how marketing should be done. The application of this law is supervised by a special marketing court. The marketing court can forbid a company to continue with certain marketing activities and the court also can fine a company that is violating the rules. In a number of cases the marketing court has dealt with cigarette advertising cases. The judgements of the court have given such consequences that the rules to be followed today are more severe than those included in the mutual agreements between the tobacco companies. A vital point of the rules settled by the marketing court is that advertisements may not include pictures of human beings.

There have been private bills in the Swedish Parliament proposing a total ban on tobacco advertising, but it has been impossible to enact such a ban as it would violate the press law. Now the Swedish Parliament has passed a governmental proposition to make such changes in the press law that should make it possible in the future to enact laws prohibiting tobacco advertising.

There is a regular testing of the tar and nicotine content of the major brands on the Swedish cigarette market. The results are published three times a year.

During 1969-1971 the National Board of Health and Welfare maintained discussions with the tobacco industry. As one of the results of these discussions the tobacco industry has been launching two types of informative advertising campaigns, the one inviting smokers to pay more consideration to non-smokers around them, the other informing smokers of the benefits obtained from inhaling less and from leaving longer butts.

#### Current development

In 1968 the Swedish Parliament passed a bill proposing that the Government should be urged to appoint a smoking and health committee commissioned to propose action to reduce smoking. In January 1971 the Minister of Finance declared that the Government did not intend to appoint such a committee as Parliament had requested. Then the National Smoking and Health Association, MTS, took the initiative of organizing a petition to the Ministry of Health and Social Affairs. The petition was supported by a broad representation of scientific and civic life in Sweden. The petitioners urged, like Parliament, the appointment of a smoking and health committee. As a result of this the Ministry of Health and Social Affairs commissioned the National Board of Health and Welfare to state the ill-effects of smoking and the action previously taken to reduce them, and to propose future action. In order to carry out this commission, the National Board of Health and Welfare appointed an advisory committee on smoking and health. The committee began its work in December 1971.

The committee was appointed by the National Board of Health and Welfare and was reporting its work to this authority. This means that the committee has been unable to give detailed proposals on action in other fields than those covered by the National Board of Health and Welfare. On the other hand, the committee has considered it necessary to propose outlines of a general tobacco policy and its report thus includes discussions of every field in which action could be taken.

In June 1973 the report of the committee was delivered to the National Board of Health and Welfare, where the report was thoroughly reviewed by a number of experts. In April 1974 the report was endorsed by the board of directors of the National Board of Health and Welfare and delivered to the Ministry of Health and Social Affairs. The ministry is now collecting reactions to the report from a number of governmental and non-governmental agencies. It is expected that a governmental proposition based upon the committee report might have been worked out during 1975.

The committee report contains a proposal to start a 25-year smoking control programme, aimed at reducing the tobacco consumption to the level of the 1920s, a level at which smoking does not represent such a major public health problem as it does today and inevitably will do during some decades. The long-range goals also include that the consumption of other types of tobacco should not increase (except for individual cases where snuff might be a last chance to stop smoking), and that the society should be so unfavourable towards smoking and have such an ability to counter trends of increasing consumption, that smoking could not arise once again as a major factor harmful to public health.

The committee also proposes that the following intermediate objectives should be stated, implying different kinds of action.



1. Children should grow up in an anti-smoking environment

Children born in 1975 or later should be the first non-smoking generation.

To achieve this, the first step will be to give education on smoking and health to pregnant women and parents of small children. Next comes information to both children and parents when children reach kindergarten and the different levels of the general school-system. When the children grow up and get in contact with different environments, these should be non-smoking and unfavourable towards smoking. Since the programme will begin by stages, there will be time enough to prepare the different activities and to carry out experimental work as a basis for developing the programme.

2. Certain key groups among adults should stop smoking

Certain groups and environments have a special importance. All those who have to contribute to establish an anti-smoking environment during childhood and adolescence, e.g. parents of small children and the maternal and child health care personnel, represent such key groups. Special efforts are needed to help these people stop smoking.

Another group that should be given special assistance consists of those people, e.g. asbestos workers, who are exposed to certain types of air pollutants at their places of work. It is especially important for such persons not to smoke and therefore special efforts are needed to get these people out of the risk zone.

3. Market regulations should support the rest of the programme

The third intermediate objective is to create such conditions on the tobacco market, that give the best possible support to other activities undertaken. The committee wants to underline this nature of the function of the market regulations, because activities in this field are very often over-emphasized in discussions. Individual market regulations could not be expected to give any result or at least no more than short-term effects, but a combination of several market regulations might contribute very substantially to the strength of the programme.

4. The programme should be supported by the public

In order to get maximum public support for the programme, special opinion-forming activities should be undertaken. Furthermore, the developing of the later phases of the programme should be based on special research included in the earlier phases.

The structure of the programme described here means that the programme has to be a long-term one. Favourable results will not show up before the programme has been running rather a long time and it is important to realize this when the programme starts. What could a probable timetable for the expectations look like then? Let us suppose that the programme will start in 1975 and that we succeed in achieving the first intermediate objective, that those born 1975 and thereafter will be non-smokers. Let us suppose too that the efforts to achieve the second intermediate objective will lead to a 10%-reduction of the percentage of smokers in all age groups during every five year period from the beginning of the programme.

Even if we accept these very optimistic suppositions, we find that the percentage of smokers in the total population will not begin to decrease until 1995. In 2005 the first non-smoking age-group has reached the age of 30, but there are still 26-28% smokers in the age-groups over 30. In 2005 more than a fourth of the population over 30 years of age will still be smoking and that is enough to influence mortality and morbidity statistics for another 30 years further on. The committee has concluded that the National Board of Health and Welfare should propose to the Government to start a 25-year programme. This is the minimum time period required to achieve a definite change in the smoking situation.

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## UNITED KINGDOM

### 1. Statistics

Updated editions of Research Paper No. 1, "Statistics of Smoking in the United Kingdom" are published by the Tobacco Research Council every few years. Its 1973 Supplement reports the latest available figures and may be obtained from the UK Tobacco Research Council.

### 2. Control of Smoking

#### 2.1 Relations between the Government and tobacco industries

Analyses of the tar and nicotine content of tobacco products are carried out by government bodies. Since the testing of cigarettes for the half yearly publication of the tar and nicotine yields of cigarettes sold in the United Kingdom first began in July 1972, something in the region of a 2 milligramme drop in the average tar yield per cigarette smoked had been achieved by mid 1974 (that is to say a reduction of about 10%). This has been partly due to smokers changing to brands of cigarette which yield less tar and partly due to the manufacturers reducing the tar yields of many of their brands.

As far as the tobacco industry's general reaction to warnings about the health hazards of smoking is concerned, the increased evidence which has mounted in recent years concerning these hazards has intensified efforts to produce and test with a view to marketing cigarettes which include tobacco substitutes. The aim is to produce a cigarette which is generally accepted as being less dangerous to health than a similar cigarette composed wholly of tobacco.

There is considerable information exchanged between the cigarette manufacturers and the Government. The manufacturers inform the Department of Health about the introduction of new brands; about brand sales; about advertising expenditure for cigarettes in the press, at the cinema and on posters and inform the Department of Industry of their quarterly statistics of tobacco consumption levels. Periodically the industry supplies to the Government detailed statistics, on an annual basis, of the levels of smoking of their different types of products by different sections of the community.

A voluntary agreement exists at present between the Government and the tobacco industry for packets of cigarettes to carry a Government health warning. Steps are being taken to broaden the scope of the agreement and discussions on this are being held between the industry and the Minister of State for Health.

In 1971 the cigarette industry and the Government agreed to set up a joint scientific committee to look into the scientific aspects of smoking and health. The work of this committee led to the publication of Government tar and nicotine yield tables. The committee was disbanded in 1972 and in 1973 an independent committee was set up. The committee's terms of reference are to advise on the scientific aspects of matters concerning smoking and health.

At its first meetings, the committee was mainly concerned with the preparation of guidelines for cigarette manufacturers in connection with the testing of tobacco substitutes. More recently it has started to look at tobacco additives. It is envisaged that the committee will look at the scientific aspects of other subjects concerned with smoking including tar and nicotine yields, the significance of carbon monoxide, filtration devices, secondary smoking (i.e. the health effects of smoking on non-smokers), pipe and cigar smoking, and research.

#### 2.2 Advertising

Cigarette advertising was banned on independent television in 1965 and it has never been allowed on commercial radio which commenced in the United Kingdom in 1973. The BBC carries no advertising of any kind on television or radio and since 1968 has banned cigarette advertisements from its publication "Radio Times".

Cigarette advertising at the cinema has caused concern due to the high proportion of young people among cinema audiences. The Minister of State for Health has asked manufacturers to consider abandoning this form of advertising.

The Government has secured the voluntary agreement of cigarette manufacturers to the concealing of cigarette advertisements displayed at sporting or other events while being televised.

Cigarette manufacturers have themselves drawn up a code for cigarette advertising which they voluntarily observe, which rules unacceptable advertisements that greatly over-emphasise the pleasure to be obtained from smoking, virility, featuring the conventional heroes of the young, etc. The manufacturers are also supposed to endeavour to avoid the use in advertisements of young people apparently under the age of 21, the encouragement of habitual or excessive smoking and any direct suggestion that a cigarette is an aid to concentration, stimulation or relaxation.

There are limitations to the effectiveness of a voluntary restrictive agreement. Discussions are taking place with the Advertising Standards Authority with the object of establishing a tighter and more comprehensive code combined with certain controls.

### 2.3 Prohibition and limitation

#### Hospitals

In June 1971 the Department of Health and Social Security (DHSS) issued a memorandum to all hospitals giving guidance on ways of limiting or prohibiting smoking in hospitals.

#### Transport

##### British Rail

In June 1971, British Rail undertook to provide a minimum of 50% non-smoking accommodation on inter-city trains and between 50% and 60% on secondary and suburban services, with some minor exceptions.

##### London Transport

Underground trains have only 2 out of 6 or 8 carriages for smokers. London Transport are not prepared to ban smoking completely because they found in February 1971 that 28% of Londoners favoured the retention of smoking accommodation. The DHSS has suggested, so far without success, the replacement of "No Smoking" notices by "Smoking" notices, indicating that it is aberrant behaviour to smoke rather than not to do so.

Smoking is banned on all single deck buses and allowed on the top deck of double deck buses.

##### Other bus companies

The result of a survey conducted by the National Bus Company (who are responsible for one-third of UK bus transport) has indicated that at least 65% of their passengers favoured no smoking on single decker buses. The generally accepted rule is that passengers who wish to smoke should do so in the rear of the bus but, in the absence of Government legislation, the matter comes under the discretion of the individual bus or coach operator.

#### Airlines

British Airways have non-smoking accommodation.

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### Places of entertainment

#### Cinemas

Two of the major cinema chains, Rank and ABC, have set aside no-smoking areas.

#### Theatres and concert halls

Nearly all of these already ban smoking in the auditorium but it does not seem reasonable to prevent people from smoking during intervals.

#### Hotels and restaurants

The hotel and catering industry has so far hung back on efforts by the DHSS to implement the non-smoking principle, although, in view of the change in public opinion towards non-smoking areas, the British Hotels and Restaurants Association has again been approached about this problem.

#### Shops and stores

A number of major stores and shop chains already ban smoking.

#### Local authorities

A circular was issued to local authorities in June 1971 requesting that local health authorities set an example to the public in the area of non-smoking.

### 2.1 Programmes for information and education

Special health education programmes on smoking are conducted in the United Kingdom.

At national level, the Health Education Council is responsible for the preparation and implementation of these programmes (funded by the DHSS). Locally, it is the responsibility of area and local Health Education Officers with funds from local Government sources.

In the national campaigns since 1967, great emphasis has been placed on the use of posters and press material, much of it in the shape of vigorous campaigns directed at selected target groups or at the population as a whole.

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## USSR

The information following below has been taken from a paper entitled "Measures to combat smoking in the USSR", presented to the WHO Expert Committee on Smoking and its Effects on Health, Geneva, 9-14 December 1974, by Dr D. Loranski, Director, Central Institute for Research on Health Education, Ministry of Health of the USSR, Moscow.

In the Soviet Union since the earliest years after the Revolution, State measures have been put into effect with a view to ensuring healthier living and working conditions, including measures to protect man against the harmful effects of tobacco toxins. Thus tobacco factories, work in which before the October Revolution was considered to be one of the most hazardous occupations, have been radically reorganized, and their main production processes mechanized. As a result the amount of tobacco dust released into the air has been sharply reduced.

The Soviet government has forbidden the employment of minors in tobacco and cigar factories. Compulsory medical examinations on starting work and at regular intervals thereafter are provided for workers and office workers connected with nicotine production. The production and sale of some kinds of tobacco highly harmful to health have been stopped. State standards have been approved for tobacco products and these have to be ratified by the State sanitation and epidemiological service before they are adopted.

### Advertising and prohibition

Local authorities have drawn up and promulgated byelaws designed to limit smoking. A social-hygienic setting making it easier to fight the smoking habit has been established. In particular, no advertising for tobacco and tobacco products is allowed in any of the Union Republics. The sale of tobacco and tobacco products to minors is prohibited. Smoking is forbidden in all compartments of suburban electric trains, the underground railway, trams, trolley buses and buses, as well as in all theatres, cinemas, concert halls and circuses and in many offices and industrial establishments. Smoking is not allowed on aeroplanes on flights lasting for less than three hours and a number of other measures have been taken, such as abolition of the issue of tobacco and tobacco products to servicemen in the army and navy, who receive money in lieu.

### Public information and education

In addition to administrative measures, the education and training of the population in all sorts of age groups has been organized as part of the State system of anti-smoking activities. Health education is organized and carried out by the State on the basis of legislation and research and by enlisting the aid of the public itself in protecting public health. Responsibility for this work lies with such public health establishments as the Health Education Centres, of which there are about 500 in the Soviet Union. The establishment responsible for research and methodology is the Central Institute for Research on Health Education.

Health Education Centres organize explanatory work among the public, enlisting for the purpose the services of medical workers from curative and preventive establishments. In the timetable of every physician time is set aside for mass health education work, including propaganda against smoking. Voluntary organizations also play a certain part in this work, such as the "Znanie" (Knowledge) Society, the aim of which is to spread biological and scientific knowledge among the public, and the Red Cross and Red Crescent Societies.

In their efforts to improve the standards of health education, members of the staff of the Central Institute for Research on Health Education of the Ministry of Health of the USSR have conducted research in various geographical zones of the Soviet Union among persons belonging to various ethnic groups.

The aims of the research included:

determination of the number of smokers in relation to sex, age, ethnic group, and other characteristics in various geographical zones of the Soviet Union;

study of the reasons for smoking and determination of the numbers of Western-type cigarettes, Russian-type cigarettes, etc. smoked;

study of the degree to which the population was aware of the harmfulness of smoking and of being in premises in which the air is polluted with tobacco smoke;

determination of the reasons impelling smokers to give up their harmful habit;

determination of the nature of the information given to the public on the harmfulness of smoking and the extent to which the population is covered by health education activities on the subject.

Investigations have shown that the smoking habit is unevenly distributed between different geographical zones and between different ethnic groups.

A survey has revealed that 84.2% of the men questioned had begun to smoke before the age of 19 years, while 27% of women smokers had begun to smoke while still at school. Investigations have shown that smoking is widespread among some pupils in the senior classes, particularly among boys. Different findings have been reported by different investigators in different areas. The data obtained form a basis for organizing work on the prevention of smoking among schoolchildren.

Studies were undertaken to determine the reasons impelling human beings to begin to smoke. A comparatively large proportion of men among those who began to smoke during their school-days did so under the influence of their classmates (26.8%) or in imitation of adults, mainly parents or teachers (16.7%). A wish not to lag behind their "more modern" (from their point of view) girl friends also proved to be the main stimulus for smoking among girls (28.5%). As for imitation of adult smokers, it proved to be considerably less common as a reason for smoking among girls (6.3%) than among boys. Thus, a quarter of all the reasons given for smoking (25%) amounted to curiosity and a wish to find out "whether smoking suits me or not". Thus both boys and girls quite often (18.7%) stated that the reason for their gradually becoming accustomed to smoking was simply mischievousness. A wish to lose weight was the reason for smoking in 15.6% of the adult women questioned. A serious impetus to beginning smoking among many of the boys and girls questioned was their transfer to new groups or schools.

This elucidation of the reasons for smoking suggests to the doctor health educator the advisability of drawing the attention of his younger audience to the flippant nature of the reasons given for smoking.

Health education among schoolchildren differs in content and methods from explaining the harmfulness of smoking to the adult population. Its main purpose is to prevent smoking. Educational work to promote this task is largely carried out among schoolchildren from their earliest school days. It is intensified among adolescents of 16 and 17 years, particularly among those entering technical schools and technical colleges. Work on a similarly wide scale for the prevention of smoking is carried out also among students in establishments of higher education and also among young recruits to the Soviet army. In addition, related explanatory work is carried out among teachers and parents of schoolchildren with a view to enlisting their active participation in combating smoking among children.

The content of the explanatory work among girls and young women differs somewhat.

An effort is also made to involve women and the older girls in an active struggle against smoking, to persuade them that they can be of enormous use by preventing members of their family or their colleagues at work from smoking.

Parents and teachers of schoolchildren must be active in bringing up boys to have an adverse attitude to smoking. It is a task of the doctor/health educator to draw them into this work.

Teachers explain the harmfulness of smoking to schoolchildren in all secondary schools in accordance with the compulsory syllabus in lessons on biology and on human anatomy and physiology.

The investigations carried out have helped to define the main tasks of health education, the aspects to be dealt with, and the methods to be used. They have also shown how to organize suitable hygienic training of the adult population.

These tasks cannot be successfully solved without drawing public attention to them, without inculcating a hostile attitude to smoking among the public and without public participation in combating the habit, particularly among minors.

Educational activities are therefore carried out among the population as a whole and not merely among individual groups of smokers or non-smokers of a particular age or sex.

In carrying out educational work designed to combat smoking, use is made of the most varied methods and means of health education - oral and printed material, visual aids, cinema shows, television programmes and such combinations as film lectures, film evenings, question-and-answer evenings, discussion panels, etc. A great deal of attention is paid to individual talks by adults to children and adolescents and also to doctors' reasoned recommendations to their patients.

Selection of a particular means of health education depends on the tasks facing the health educators, the nature of the audience and the place where the explanatory work is being carried out.

Research by the Central Institute of Health Education of the Ministry of Health of the USSR has shown that among the sources of knowledge concerning the harmfulness of smoking, first place is occupied by popular scientific literature: 20.3% of those questioned mentioned this. 17.9% referred to the popular journal "Zdorov'e" (Health), which has a circulation of over 11 million copies, 12.4% mentioned the radio, 9.3% posters, 9.3% films, 8.3% television broadcasts, 4.6% conversations with relatives and friends, and 2.3% individual conversations with the doctor.

The content of the means of health education used differs according to the aim in view. Thus pamphlets, leaflets, posters, wall bulletins and other materials are distributed.

Health education films deal with prevention of diseases in the onset of which smoking plays an important part (endarteritis obliterans, lung cancer, etc.). In recent years the number of films concerned with combating smoking among adolescents has been increased.

The Institute has established criteria to assess the effectiveness of health education against smoking.

Experimental verification of the suitability of these criteria has shown the practical possibility of using them in day-to-day work.

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